PCT

REQUEST

| International Application No. International Filing Date |
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| DE This person is applicant for the purposes of: All designated States and Companies States and Companies States are supplied by the States indicated in the States of America and States are supplied by the Supplemental Box. | | | | | | | |
| Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) | | | | | | | |
| ox . | | | | | | | |
| D - 60599 Frankfurt DE inventor only (If this check-box is marked, do not fill in below.) | | | | | | | |
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| DE This person is applicant all designated all designated States except the United States the States indicated in | | | | | | | |
| This person is applicant for the purposes of: all designated all designated States except the United States of America This person is applicant all designated the United States except the United States of America only the Supplemental Box | | | | | | | |
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| Continuation of Box No. III FURT, APPLICANT(S) AND/OR (FURTHER) IN OR(S) | | | | | | |
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| If none of the following sub-boxes is used, this sheet should not be in | cluded in the request. | | | | | |
| Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) KÖLLNER, Harald Blutenweg 15 D - 63674 Altenstadt DE | This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) | | | | | |
| State (that is, country) of nationality: State (that is, country) | of residence: | | | | | |
| DE This person is applicant for the purposes of: all designated all designated States except the United States of America This person is applicant all designated the United States of America This person is applicant all designated the United States of America This person is applicant all designated the United States of America This person is applicant all designated the United States of America This person is applicant all designated the United States of America This person is applicant all designated the United States of America This person is applicant all designated the United States of America This person is applicant all designated the United States of America This person is applicant all designated the United States of America This person is applicant all designated the United States of America This person is applicant all designated the United States of America This person is applicant all designated the United States of America This person is applicant all designated the United States of America This person is a second to the United States of America all designated the United State | e United States the States indicated in the Supplemental Box | | | | | |
| Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) SIRAUB, Klaus-Dieter Nordendorfsweg 27 D - 38110 Braunschweig DE | This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) | | | | | |
| State (that is, country) of nationality: State (that is, country) | of residence: | | | | | |
| | e United States the States indicated in the Supplemental Box | | | | | |
| Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) WURM, Georg Usinger Weg 38b D - 61350 Bad Homburg DE | This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) | | | | | |
| State (that is, country) of nationality: State (that is, country) | of residence: | | | | | |
| | ne United States the States indicated in the Supplemental Box | | | | | |
| Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) DREWNIOK, Daniel Rodhelmer Strasse 11 D - 60385 Frankfurt DE | This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) | | | | | |
| State (that is, country) of nationality: DE State (that is, country) DE | of residence: | | | | | |
| | the United States the States indicated in the Supplemental Box | | | | | |
| Further applicants and/or (further) inventors are indicated on another continuation s | heet. | | | | | |

| | Continuation of Box No. III FURTIER APPLICANT(S) AND/OR (FURTHER) IN TOR(S) | | | | | | |
|---|--|--|--|--|--|--|--|
| | If none of the following sub-boxes is used, this sheet should not be included in the request. | | | | | | |
| | Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) HERWIG, Arnd G. Röderweg 24 D - 96148 Baunach DE This person is: Applicant only X applicant and inventor inventor only (If this check-box is marked, do not fill in below.) | | | | | | |
| İ | State (that is, country) of nationality: DE State (that is, country) of residence: DE | | | | | | |
| | This person is applicant for the purposes of: all designated States except the United States of America X the United States indicated in the Supplemental Box | | | | | | |
| | Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) HOF, Patrick Eichgarten 14 D - 35043 Marburg DE This person is: applicant only X applicant and inventor inventor only (If this check-box is marked, do not fill in below.) | | | | | | |
| | State (that is, country) of nationality: State (that is, country) of residence: | | | | | | |
| | DE DE This person is applicant all designated class except the United States indicated in | | | | | | |
| | for the purposes of: all designated all designated States except the United States indicated in the Supplemental Box | | | | | | |
| _ | Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State DOBSON, Simon Blair 5, the Corniche Sandgate, Folkestone Kent C120 31A Great Britain GB This person is: applicant only x applicant and inventor inventor only (If this check-box is marked, do not fill in below.) | | | | | | |
| | State (that is, country) of nationality: GB State (that is, country) of residence: GB | | | | | | |
| | This person is applicant for the purposes of: all designated all designated States except the United States indicated in the States indicated in the Supplemental Box | | | | | | |
| | Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State KEYES, Gregory 28 Inverclyde Road Handsworth Wood Birmingham B20 2LJ Great Britain GB This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) | | | | | | |
| | State (that is, country) of nationality: GB State (that is, country) of residence: GB | | | | | | |
| | This person is applicant for the purposes of: all designated states except the United States of America X of America only the States indicated in the Supplemental Box | | | | | | |
| | Further applicants and/or (further) inventors are indicated on another continuation sheet. | | | | | | |

| Sheet No. 4 | | | | | | | | |
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| Continuation of Box No. III FURTURE APPLICANT(S) AND/OR (FURTHER) IN | TOR(S) | | | | | | | |
| If none of the following sub-boxes is used, this sheet should not be included in the request. | | | | | | | | |
| Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) SCHANG, Kenneth W. 46131 Academy Plymouth, Michigan 48170 U.S.A. | This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) | | | | | | | |
| State (that is, country) of nationality: US State (that is, country) of US | f residence: | | | | | | | |
| | C'nited States the States indicated in the Supplemental Box | | | | | | | |
| Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) MAASS, Klaus-Peter Osterkamp 20 D - 38550 Isenbuttel DE | This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) | | | | | | | |
| State (that is, country) of nationality: DE State (that is, country) o DE | f residence: | | | | | | | |
| This person is applicant for the purposes of: all designated lesignated States except the United States of America This person is applicant all designated States except the United States of America | United States the States indicated in the Supplemental Box | | | | | | | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) | This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) | | | | | | | |
| State (that is, country) of nationality: State (that is, country) o | f residence: | | | | | | | |
| This person is applicant all designated all designated States except the United States of America of | United States the States indicated in the Supplemental Box | | | | | | | |
| Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) | This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) | | | | | | | |

State (that is, country) of residence:

all designated States except the United States of America the United States of America only

all designated States

Further applicants and/or (further) inventors are indicated on another continuation sheet.

State (that is, country) of nationality:

This person is applicant for the purposes of:

the States indicated in the Supplemental Box

| В | x No | V DESIGNATION OF STATES | | | | | | |
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| The following designations are hereby made for Rule 4.9(a) (mark the applicable check-boxes; ast one must be marked): | | | | | | | | |
| Regional Patent | | | | | | | | |
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| | | ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT | | | | | | |
| S | EA | Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT | | | | | | |
| | | European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT | | | | | | |
| 123 | OA | other State which is a member State of OAPI and a Contra | MK | Maur State | Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, itania, NE Niger, SN Senegal, TD Chad, TG Togo, and any of the PCT (if other kind of protection or treatment desired, | | | |
| Na | tion2 | I Patent (if other kind of protection or treatment desired, spe | cify o | n dotte | ed line): | | | |
| | | United Arab Emirates | | LC | | | | |
| l | | Antigua and Barbuda | _ | | Saint Lucia | | | |
| | | Albania | - | LK | Sri Lanka | | | |
| 127 | AM | Armenia | _ | LR | Libena | | | |
| 100 | AT | Austria | | LS | Lesotho | | | |
| | AI | Austria | | LT | Lithuania | | | |
| | | Australia | | LU | Luxembourg | | | |
| | | Azerbaijan | 2 | LV | Latvia | | | |
| X | BA | Bosnia and Herzegovina | | MA | Morocco | | | |
| | BB | Barbados | | | Republic of Moldova | | | |
| X | BG | Bulgaria | | | Madagascar | | | |
| X | BR | Brazil | ヌ | MK | The former Yugoslav Republic of Macedonia | | | |
| X | BY | Belarus | | | Mongolia | | | |
| × | | Belize | | | Malawi | | | |
| X | CA | Canada | | | Mexico | | | |
| X | | and LI Switzerland and Liechtenstein | | | | | | |
| X | | China | | | Mozambique | | | |
| | CR | Costa Rica | = | NO | Norway | | | |
| 3 | CII | Cuba | = | NZ | New Zealand | | | |
| 7 | C7 | Czech Republic | = | PL- | Poland | | | |
| X | DE | Company | _ | PT | Portugal | | | |
| 20 | DE DE | Germany | = | RO | Romania | | | |
| _ | | Denmark | | RU | Russian Federation | | | |
| | | Dominica | | SD | Sudan | | | |
| 4 | DZ | Algeria | | SE | Sweden | | | |
| | EE | Estonia | | SG | Singapore | | | |
| _ = | ES | Spain | | SI | Slovenia | | | |
| X | FI | Finland | X | SK | Slovakia | | | |
| X | GB | United Kingdom | X | SL | Sierra Leone | | | |
| X | | Grenada | X | TJ | Tajikistan | | | |
| × | GE | Georgia | × | TM | Turkmenistan | | | |
| × | GH | Ghana | X | TR | Turkey | | | |
| X | | Gambia | = | TT | Trinidad and Tobago | | | |
| X | HR | Croatia | | TZ | United Republic of Tanzania | | | |
| X | | Hungary | | UA | Ukraine | | | |
| X | ID | Indonesia | _ | UG | Uganda | | | |
| 双 | IL | Israel | = | US | United States of America | | | |
| | IN | India | = | UZ | Uzbekistan | | | |
| | IS | Iceland | | VN | Viet Nam | | | |
| | JP | | | YU | | | | |
| | | Japan | | | Yugoslavia | | | |
| 0 8 | | Kenya | | ZA | South Africa | | | |
| _ | | Kyrgyzstan | | zw | Zimbabwe | | | |
| 8 8 | KP | Democratic People's Republic of Korea | Ch | eck-b | ox reserved for designating States which have become | | | |
| X | | Republic of Korea | | - | the PCT after issuance of this sheet: | | | |
| Z | | Kazakhstan | | | | | | |
| Pre | caut | ionary Designation Statement: In addition to the design | ation | s mad | e above, the applicant also makes under Rule 4.9(b) all other | | | |
| designations which would be permitted under the PCT except any designation (s) indicated in the Supplemental Box as being excluded | | | | | | | | |
| from the scope of this statement. The applicant declares that those additinal designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant | | | | | | | | |
| at t | he ex | piration of that time limit. (Confirmation (including fees) mu | us rea | ch the | receiving Office within the 15-month time limit.) | | | |

Sheet No. . 6....

| Box No. VI PRIORITY CLAIM Further priority claim indicated in the Supplemental Box. | | | | | | | | | |
|---|---|-----------------|---------|---|-------------|---|--|--|--|
| Filing date | | | | | | | | | |
| of earlier application (day/month/year) | of earl | ier applicatio | n | national applic country | ation: | regional application:* regional Office | international application: receiving Office | | |
| item (1) 28. September 1999 199 46 307.7 DE (28/09/1999) | | | | | | | | | |
| item (2) 12. April 2000 | | | | | | | | | |
| item (3) | | | | | | | | | |
| The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): | | | | | | | | | |
| * Where the earlier application is Convention for the Protection of I | an ARIPO | application, it | is man | ndatory to indicat Learlier ambigati | e in the S | upplemental Box at least of the CRule 4 10(b)(ii) | one country party to the Paris | | |
| | | | | | | ea (Mac 4.1000) See | зирретение вых. | | |
| Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate | | | | | | | | | |
| ISA / | er come me | , | Date | (day/month/year) | | Namber | Country (or regional Office) | | |
| 5.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4 | Γ: LANG | UAGE OF F | TILING | G | | | | | |
| Box No. VIII CHECK LIST: LANGUAGE OF FILING This international application contains This international application is accompanied by the item(s) marked below: | | | | | | | | | |
| the following number of sheets: request: 6 1. fee calculation sheet | | | | | | | | | |
| description (excluding | | . — | - | gned power of a | | | | | |
| sequence listing part) : | 12 | | _ | • | - | reference number, if an | y: | | |
| claims : 3 4. statement explaining lack of signature abstract : 1 5. priority document(s) identified in Box No. VI as item(s): | | | | | | | | | |
| | 1 | | - | | | | į | | |
| drawings : sequence listing part | 5 | 1 — | | | | ion into (language): | | | |
| sequence listing part of description 7. separate indications concerning deposited microorganism or other biological material nucleotide and/or amino acid sequence listing in computer readable form | | | | | | | | | |
| Total number of sheets: 27 9. other (specify): | | | | | | | | | |
| Figure of the drawings which should accompany the abstract: Language of filing of the international application: English | | | | | | | | | |
| Box No. IX SIGNATURE OF APPLICANT OR AGENT | | | | | | | | | |
| Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request). | | | | | | | | | |
| Essen, September 28, 2000 | | | | | | | | | |
| The Patent Attorney | | | | | | | | | |
| let. Sa | | | | | | | | | |
| (Dr Horst Schumacher) | | | | | | | | | |
| | | | For rec | ceiving Office u | se only | | | | |
| Date of actual receipt of the international application: | ne purport | ed | | | | | 2. Drawings: | | |
| 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: | | | | | | | | | |
| 4. Date of timely receipt of the required corrections under PCT Article 11(2): | | | | | | | | | |
| | 5. International Searching Authority (if two or more are competent): ISA / 6. Transmittal of search copy delayed until search fee is paid. | | | | | | | | |
| Date of receipt of the record copy by the International Bureau use only | | | | | | | | | |